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ABSTRACT

Described is the educational program for pediatric inpatients at Geisinger Medical Center (Pennsylvania). It is explained that the program involves a full time special education teacher, permission from parents, and close coordination with the students' home schools. Covered in outline form are such program aspects as purpose, needs, attainable goals, objectives-activities, resources required, and evaluation criteria. Appendixes comprise the major portion of the document providing detailed information dealing with such aspects as the arts program, the educational prescription form, and evaluation criteria. (DB)

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Geisinger Medical Center

Central Susquehanna Intermediate Unit

EDUCATIONAL PROGRAM FOR
PEDIATRIC INPATIENTS AT THE
GEISINGER MEDICAL CENTER

by

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CSIU Supervisor of Special Classes

October 1974

Revised, April 1975

ACKNOWLEDGMENTS

I wish to acknowledge my appreciation to Patrick F. Toole, Ed.D., CSIU Executive Director, for providing the opportunity to write the Geisinger Medical Center/Central Susquehanna Intermediate Unit Educational Program and his assistance in the appropriate format and clarification of the program's writing.

For their assistance in reviewing parts of the manuscript related to their programs, grateful acknowledgment is made to Mr. Russell F. Gilbert, CSIU Director of Special Education, Mr. Lewis R. Stauffer, CSIU Coordinator of Psychological and Social Services, Mrs. Martha Killebrew, CSIU Teacher of the GMC/CSIU Educational Program, Daniel Moore, M.D., GMC Attending Pediatrician, and Sharon L. Miller, M.S.W., GMC Clinical Social Worker.

My thanks also to John E. Lutz, Ed.D., CSIU Assistant Executive Director for Research, Planning and Evaluation, and Mrs. Jane Magnus, CSIU Arts Program Coordinator, for their portions of the manuscript dealing with evaluation criteria and the arts areas of the educational program, respectively.

Finally, I would like to thank Mrs. Susan B. Mathias, CSIU Information Specialist, for facilitating the ongoing corrections and revisions necessary for such an innovative program.

A Brief History of the Program and Operational Activities
Undertaken in the Geisinger Medical Center Classes
1973-74 School Year

Dr. Daniel Moore, formerly the Medical Director of the Children's Rehabilitation Center at the University of Virginia, joined the staff of the Geisinger Medical Center in 1973. In Virginia Dr. Moore had coordinated a hospital education program focused on instruction and educational diagnosis, including a clinic which provided in-school follow-up.

He soon recognized the potential benefits of a similar program at Geisinger and contacted Dr. William Ohrtman, Pennsylvania's Director of Special Education, to investigate funding and operational opportunities.

Dr. Ohrtman subsequently directed Dr. Moore to CSIU Executive Director Dr. Patrick F. Toole, and plans for the Geisinger Medical Center educational program were set in motion.

Mrs. Martha Killebrew, a former special class teacher, was employed as a teacher for the hospital program. Supervisory responsibilities were originally assumed by Myron Lylo and later transferred to Sheldon Stern.

In its first pilot year, the program had focused on keeping patients up-to-date on their regular classwork. Pediatric students who are scheduled

to be hospitalized for at least three days are identified and the attending physician suggests that the child bring school books and assignments.

Where possible, two children of comparable level and age are located in the same room so that they can be tutored together.

Program operation requires far-reaching coordination--first, in alerting physicians and parents to the availability of the service and secondly in aligning tutoring sessions with hospital schedules, logistics and staff assignments.

Contacts with the patient-students' home school guidance counselors are maintained in the case of students with particular academic problems. Sharon Miller, Geisinger's Clinical Social Worker assigned to the Pediatric Unit, is also involved in the program. She alerts the teacher and staff to any home problems or extenuating circumstances that might be influencing a child and assumes some program administrative responsibility.

While most of Mrs. Killebrew's time is consumed with tutoring, she has also attended to remedial educational needs. She has involved some students in operant-conditioning and has employed other affective educational strategies.

CSIU Special Education supervisory staff has maintained a close coordination with the program. For example, Mrs. Killebrew established an instructional program for an out-patient who made frequent visits to the Medical Center. Sheldon Stern is now working out permanent school placement for the handicapped child.

During the first year of program operation, volunteer tutors from the student PSEA group at Bloomsburg State College spent four hours each week working with the students during the winter months.

Evidence of the hospital staff's growing receptivity to the educational service is found in such instances as Mrs. Killebrew's involvement with student nurses, to whom she has presented talks on the program's goals and activities. Mrs. Killebrew has also been invited to attend pediatric grand rounds along with para-medical personnel and other medical personnel. Mrs. Killebrew considers this an invaluable contribution to her professional growth and development.

GMC/CSIU PROGRAM

I. Planning

A. Purpose

1. Through the joint use of Geisinger and Intermediate Unit resources (people, time, facilities) to continue without interruption state-required educational programs for school-age hospitalized children.

B. Needs (please refer to Table 1, Appendix A)

1. Number of students in and out of GMC/CSIU Program.
2. Age ranges of students.

C. Attainable Goals

1. To provide a part-time itinerant teaching-tutorial service for those public school children hospitalized at GMC.
2. To provide a part-time itinerant teaching-tutorial service for those non-public school children hospitalized at GMC.
3. To provide a diversified academic program so as to accommodate the diversified needs of the hospitalized children.
4. Establish by December of 1974, a communication procedure with the child's school and regular teacher to insure knowledge of the child's academic levels prior to hospitalization so as to fully accommodate the educational GMC/CSIU

Program, and to help formulate an Educational Prescription Form upon the child's entry (see Appendix C)

a. At the time of the child's admission, the Ward Clerk will obtain the first four parts of the Entry Information Section of the Educational Prescription Form and relay the entire form to the CSIU teacher for completion by contacting the child's regular teacher(s) in his home school district.

b. At the time of admission, a letter will be sent from the GMC Social Services Department to the school district superintendent

- (1) informing him that the particular child named has been admitted to GMC
- (2) announcing that the Educational Descriptive Report will follow
- (3) notifying him that a charge back will be incurred; and
- (4) requesting that a local liaison be named.

A copy of that letter is included in this publication as Appendix J.

c. At the time of admission, the child's parents will be given a cover page to this form describing the nature of the educational program (see Appendix B).

d. Upon the CSIU teacher's completion of this form, a letter will be sent to the child's home school district superintendent informing the district of the CSIU's facilitation of the student's education while being hospitalized and that a back charge will be made for this service (see Appendix D).

5. Establish, by September of 1974, documentation procedures to be utilized to coordinate both present and future initiation and maintenance of activities.

6. Establish an ongoing program format especially for those students on extended periods of hospitalization, i.e., enrichment and remedial programs especially in the area of the arts on a three times a week basis from approximately 1:00 p.m. to 3:30 p.m. (see Appendix F).

7. To develop an Educational Descriptive Report Form for each hospitalized child after a minimum number of days of educational experience (see Appendix E).

8. To establish a program whereby several students can be educated within the same classroom.

9. To establish appropriate confidentiality standards so as to maintain control over what data needs to be known, depending on what audiences will receive such information (see SAGE Guidelines on Confidentiality, Appendix H).

D. Objectives - Activities

1. To use various subject area and materials such as the following, but not limited to them: reading, writing, arithmetic, perceptual (auditory, visual, kinesthetic), and allied programmed learning activities for diversified students.

a. Programmed materials: Systems 80, Life Series, etc.

2. Establish short-term methods for use by educators in hospitalized settings.

3. Provide for the possibility of an increase in the number of differentiated and/or itinerant staff when working with large numbers of students spread out in various areas of the hospital as determined by a pupil/adult ratio, i.e., Learning Disability Specialist coming in and paid overtime through CSIU funding with pre-approval by the GMC administration.

4. Coordination with medical staff various relevant educational (special education)/medical programs such as lectures, workshops, discussions on topics of mutual interest.

5. Establish ground rules for a summer program for extended stays with especially orthopedic hospitalized students due to their need for long-term hospitalization.

6. Establish an Educational Descriptive Report Form (as noted in Appendix E) to include but not limited to the following:

- a. Interests expressed by student during academic/hospital situation.
- b. Feelings of child in academic situation (sad, happy, ambivalent, enthusiastic).
- c. Teacher-perceived attitude with which child approaches problem solving situations (anxious, calm).

d. Academic areas - difficulties child appears to be having related to the attack skills or approach skills of language arts, arithmetic, and perceptual (auditory, visual, and kinesthetic).

e. Behaviors related to the Arts program.

f. A summary statement concerning the above areas, but not limited to them.

E. Resources Required

1. Available space at GMC.
2. Instructional supervision through the CSIU.
3. Educational support through the CSIU
 - a. Materials
 - b. Supervision

F. Evaluation Criteria (Variables/Program) (see Dr. Lutz's Memorandum dated 7/9/74, Appendix G).

1. Short-term stay
2. Nature of instruction
3. Solely on operational specifics
 - a. Are daily logs kept?

- b. Are client logs kept?
- c. Are feedback mechanisms followed?
- d. Spontaneous anecdotal comments or notes by parents, medical support staff, CSIU personnel in the educational program, i.e., suggestions in regards to both negative and positive criticism.

4. It should be noted that both the Participant Reaction Approach and Transactional Evaluation modes are being considered in terms of what has been accomplished previously in such areas through the use of the book Education of Homebound or Hospitalized Children by F.P. Connor available from Teachers College Press, Columbia University and Dr. Kenneth Wyatt, Professor of Special Education at Georgia State University (33 Gilmer Street, Atlanta, Georgia, 30303).

G. Monitoring Procedures and Feedback Mechanisms

1. Notification to parents prior to hospitalization so that the parents can contact the child's teacher and request that the teacher notify the teacher at GMC explaining what texts, grade levels, and any other pertinent educational information that can be utilized to help facilitate the education of the child during hospitalization.

a. A statement to this effect should be indicated on the pre-admission form from the admission office (GMC); also to include the suggestion that the parents bring the child's school texts to the hospital when possible.

2. Established Lines of Communication

a. Immediate Supervision

(1) Internal (within GMC setting)

(a) Clinical Social Worker assigned to the Pediatric

Unit should review with the attending pediatrician and other medical support personnel any available or proposed educational activities for hospitalized school-age children. The clinical social worker should, in turn, review with CSIU personnel planned instructional schedules while attending to any medical constraints that may be improved thereon by GMC medical or health care personnel.

(2) External (CSIU personnel)

(b) CSIU teacher (differentiated/itinerant staff) should

check with the clinical social worker and/or assigned unit head nurse as stated in paragraph (a).

(3) General educational, administrative and supervisory duties

should be carried out by the CSIU #16 personnel; namely, the Supervisor of Special Classes.

(4) In all cases, the clinical social worker and the differentiated/

itinerant CSIU #16 staff shall discuss all issues, difficulties and variables that could effect the educational program and its context.

(5) Monthly meetings shall be established where all parties

concerned shall discuss all pertinent issues; namely, the clinical social worker, the attending pediatrician, the supervisor of special classes, and the CSIU teacher.

3. Documentation of all activities shall be in writing by the CSIU teacher in a daily log to include the following items but not limited to them:

a. Listing of times, dates, and hours spent with each individual student.

b. Total number of hours spent with each individual student.

c. Phone calls, parent conferences, medical conferences.

4. The unit head nurse, the patient's staff physician, and the CSIU teacher will discuss which children will be placed within the instructional program along with any medical constraints that may be appropriate. Such instruction may include but not be limited to the following:

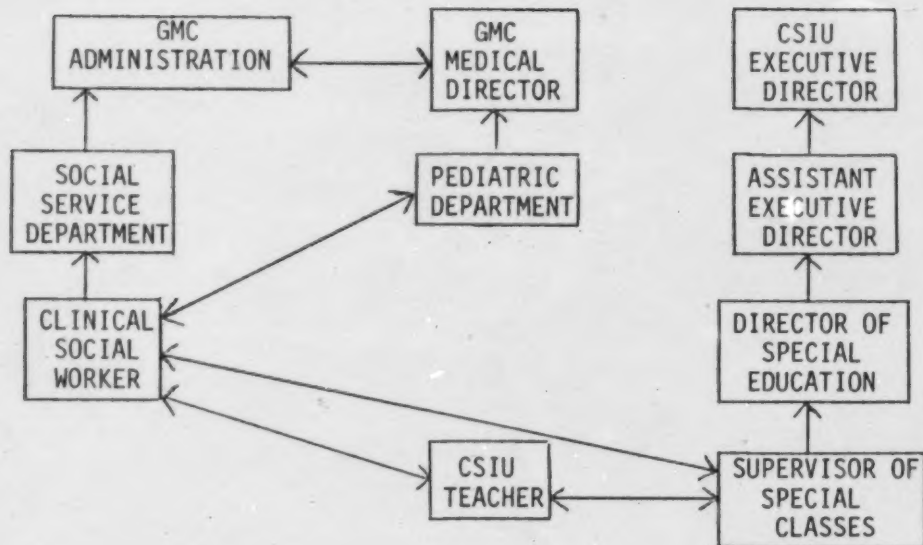
a. One/one tutoring-teaching with students.

b. One/large group tutoring-teaching with students.

c. Language arts activities, experience chart work, arithmetic activities, perceptual activities and methods utilized.

5. Mode of Behavior Parameters

a. Role Line Communication



b. Accountability

(1) Preciseness of assessment and instructional documentation

(a) Refer to Dr. Lutz's memorandum (see Appendix G).

(b) Refer to the EDUCATIONAL PRESCRIPTION FORM (see Appendix C) and the EDUCATIONAL DESCRIPTIVE REPORT FORM (see Appendix E).

(2) Student records

6. Job Description (CSIU Teacher) (see Appendix I).

APPENDICES

- A Geisinger Medical Center
Average Length of Patient Stay
- B Letter to Patients' Parents
Release of Educational Information
- C Educational Prescription Form
- D Letter to Patients' Home School District
- E Educational Descriptive Report Form
- F Arts Program
- G Evaluation Criteria
- H SAGE Guidelines on Confidentiality
- I Job Description

APPENDIX A

TABLE I

Geisinger Medical Center
Average Length of Stay (in Days)

<u>TIME PERIODS</u>	<u>AGE RANGES (in years)</u>		
	2 through 5	6 through 13	14 through 17
January 1970 to February 1974			
Number of Patients	804	1,241	1,026
Average Stay	9.0	9.3	9.4
February 1974 (4 or more days stay)			
Number of Patients	10	13	21
Average Stay	5.3	10.1	7.3
March 1974 (4 or more days stay)			
Number of patients	9	19	23
Average stay	5.6	9.8	9.3
April 1974 (4 or more days stay)			
Number of patients	9	19	17
Average stay	7.8	8.5	6.8
May 1974 (4 or more days stay)			
Number of patients	6	15	17
Average stay	7.2	7.0	7.6
June 1974 (4 or more days stay)			
Number of patients	4	4	8
Average stay	8.3	9.0	6.8

APPENDIX B
GEISINGER MEDICAL CENTER

TO: Parents

RE: Educational Program Available to Pediatric Inpatients

School age children who are physically ill and require hospitalization extending over several days may find themselves behind in school subjects and assignments when they are well enough to return to school. We are pleased to inform you there is an educational program available to your child while he is a patient at Geisinger. We are hopeful that this program will help to minimize the disruption to your child's school work.

The Central Susquehanna Intermediate Unit 16, Lewisburg, Pennsylvania, provides this educational program. A child's participation is voluntary. A teacher assigned to our Medical Center will be available to work with your child on a daily weekday basis. The number of days and amount of time which a child is involved in the program will be dependent on his physical condition and is determined by the physician. There is no financial charge to you for your child's participation in this program.

Should you decide to involve your child in this program, please have your child's teacher notify the Intermediate Unit teacher. She may do this by calling the teacher on weekday afternoons at (717) 275-6921. If there is no answer, she may dial (717) 275-6263, and a message will be taken. Your child's teacher may also choose to send a written note directly to the teacher on the Pediatric Unit at Geisinger Medical Center. It will be helpful if the teacher provides such information as grade level, school assignments, as well as materials and books used in your child's current education.

In order to assure that helpful information concerning your child's school work is shared between the teachers involved, it is requested that you sign a Release of Educational Information consent (see form attached). This will permit release of educational information from the teacher placed in our hospital to your child's school district. This information would include academic subjects studied and the amount of material covered during the hospitalization. We hope this program will be useful to your child.

Should you have any questions, please direct them to the teacher assigned to the Medical Center, or the hospital social worker assigned to the Pediatric Unit. You may ask for either one of them at the nursing station.

CENTRAL SUSQUEHANNA INTERMEDIATE UNIT 16

Release of Educational Information

I, _____, give permission for
educational information regarding my (son, daughter) _____

(Name) of _____
(Address)
to be released to _____,
(Name of Child's School)

(School District),

(School Address)

(Signature)

(Relationship to Patient)

Date _____

Witness _____

APPENDIX C
EDUCATIONAL PRESCRIPTION FORM

I. Entry Information

1. Name of student _____
2. Address of student _____
3. School District & School _____
4. School Address _____
5. Grade levels and/or subject levels the child is functioning on in addition to texts utilized: _____
6. From the child's regular teacher(s) in home school district, his or her general instructional goals or plans for the next ____ weeks: _____

II. Tentative educational prescription for stay in hospital:

III. Exit description of activities undertaken or completed:

APPENDIX D

Letter to Patient's Home School District

(Date)

(Superintendent Name & Address)

Dear _____:

This is to advise you that _____, a student

(Student Name)

from your district and a recent patient at the Geisinger Medical Center, participated in an educational tutoring program during his hospital stay. The Central Susquehanna Intermediate Unit (CSIU) of Lewisburg, PA, provides this service in an attempt to minimize disruption to the student's school work.

A CSIU teacher assigned to the Medical Center works with students on a daily weekday schedule. The number of days and amount of time each patient spends in the program is dependent on his physical condition and is determined by a physician. The students' classroom teachers are regularly informed of the patients' progress in school work undertaken during the hospital stay.

The Pennsylvania Department of Education will back-charge your district for instructional costs in an amount equal to your average daily

rate for instruction. Any costs in excess of that amount will be assumed by the Division of Special Education.

Thank you for your cooperation. For further information, please contact Sheldon Stern, Supervisor of Special Classes, CSIU, P.O. Box 213, Lewisburg, PA, (717)524-4431.

Sincerely,

GEISINGER MEDICAL CENTER
CENTRAL SUSQUEHANNA INTERMEDIATE DISTRICT
EDUCATIONAL DESCRIPTIVE REPORT FORM

23

D. Academic areas, difficulties, and related issues vis-a-vis attack and approach skills in texts and materials utilized. Also include grade levels achieved and number of pages completed in text.

(1) Language Arts

(2) Math.

(3) Perceptual (motor coordination, visual, auditory, memory)

E. Behaviors related to the Arts Program:

F. Summary statement concerning above areas, but not limited to them:

APPENDIX F

ARTS PROGRAM

A. Purpose

To provide through the use of the Intermediate Unit's arts facilities (lecture-demonstration series, related arts personnel, artist-in-residence program and art related films) an enrichment program suitable for hospitalized students ages 2 through 17 at the Geisinger Medical Center.

B. Need

The aesthetic needs of the hospitalized child differ very little from the well child, except that the need for a reaffirmation of the existence of beauty, imagination, the excitement of creativity and the development of sensitivity to the senses could be a positive assist in the lifting of the spirits of the hospitalized young person.

C. Activities

1. All planning for the following activities is based on the availability of the lounge as a place of congregation for five to seven ambulatory patients.

2. It would be advisable on the following series to have each of the artists present two lectures per afternoon. This would provide the opportunity to divide the age groupings loosely from 2 to 7 and 8 to

3. Lecture-demonstration in dance (3/4 hour): Basic elements of dance, description of a dancer's training and a demonstration of the various kinds of dance. (Dance specialist with performing student models of the approximate age of the audience)

4. Creative drama: Theater history, pantomime, stationary theater games, improvisations, dramatic play, theater make-up demonstration.

5. Music: (a) Woodwind and string ensembles to demonstrate instruments and explain basic techniques. Children try instruments themselves and short pieces of music are demonstrated--Rondo, Fugue, etc. (b) Specialists on solo instruments (guitar, autoharp, etc.) to demonstrate music most adaptable to the instrument, history of instrument, etc. (c) Voice specialist teaching some basic elements of voice production and initiating simple group singing, madrigal, etc.

6. Art: (a) Lecture-demonstration, "The Artist Craftsman Looks at Nature." (b) For younger children a course in crafts, simple block printing, simple weaving, paper sculpting, soft sculpture, group mural painting, etc.

7. Creative writing: (a) poetry reading demonstrating the relationship to creative movement (reading of poem as dancer expresses what is being read in movement). (b) Sessions in creative writing doing and learning styles and techniques.

8. Media: Demonstration of media techniques, making their own cartoons, taking a series of still pictures to tell a story.

9. A related arts specialist taking a piece of poetry and having the children express it visually (drawing, painting), in sound (music), dramatically (pantomime, improvisation).

D. Goal

To develop an aesthetic awareness of the sensory world around them, to develop the child's ability for original creation, creative application and aesthetic response, and to heighten awareness of the relationship between the arts.

APPENDIX G

MEMORANDUM PREPARED BY DR. JOHN LUTZ, July 9, 1974

Evaluation Criteria

1. Evaluation can be defined as a systematic procedure for collecting and analyzing reliable and valid information for the purpose of decision making. However, since several decisions must be made in the GMC/CSIU program, several different kinds of information must be collected and analyzed; therefore, several different evaluation processes must be used.
2. Several evaluation procedures are suggested which have potential for addressing the program evaluation concerns of the GMC/CSIU program.
 - 2.1 Decision centered evaluation (CIPP: Context, Input, Process, Product). This evaluation process can be used to address the following program concerns:
 - (a) setting priorities
 - (b) choosing among program possibilities
 - (c) developing objectives
 - (d) selecting content and focus
 - (e) examining factors affecting participation and learning
 - (f) determining how you can use scarce resources most effectively in the program
 - (g) examining the results of programs

Several management concerns can also be addressed by this procedure:

- (a) understanding the kinds of decisions involved in programming
- (b) getting the most out of limited resources
- (c) deciding whether ideas for programs are good
- (d) settling disputes when two or more methods or plans are advocated for doing the same thing
- (e) designing accountability strategies
- (f) developing a multi-activity program
- (g) assigning resources to staff units
- (h) analyzing weaknesses and problems in the operation of the unit
- (i) working with an advisory committee
- (j) improving use of time and other resources
- (k) developing budgets

Educational evaluation can be helpful at all four stages of decision making--awareness, design, choice, and action. The CIPP model identifies four major types of evaluation that correspond to the four types of decisions involved in programming.

1. C = Context-serves planning decision; provides the rationale for determining objectives and setting priorities. It defines the relevant environment, describes the desired and actual conditions pertaining to that environment and identifies unmet needs and unused opportunities. It considers such things as behavior of students, curriculum, staff strengths and weaknesses, facilities, financing, and the community. It examines present and emerging value systems and provides means for setting priorities. It examines the amount of change needed.

2. I = Input-serves decisions about designs and resources; provides information for determining how to use resources to meet program goals. It deals with relevance, practicality, costs, projected effectiveness, and superiority alternatives. It involves identifying and assessing: (1) relevant capabilities of the system, (2) strategies for achieving program goals and (3) designs for implementing a selected strategy. Two or more ways of carrying out the same program are analyzed in terms of expected costs and benefits. Has this kind of plan worked in the past? What are its underlying assumptions and can they be met? What side effects may be produced? How do people react to the approach? Can the plan actually be carried out successfully?
3. P = Process-serves decisions that control operations; provides feedback. It's concerned with the extent of operation efficiency including effects on the rest of the system and feasibility. It detects or predicts defects in the procedural design and its implementation, provides information for decisions that are part of the implementation, and maintains a record of the procedures followed. It must be continually alert in advance to the kinds of decisions the teacher will be making. It's concerned with such things as interpersonal relationships among staff and students, communication channels, logistics, resources, time schedules as potential causes of failures. The record of procedures helps to later analyze why certain results occurred.
4. P = Product-serves decisions about results and recycling. Measures and interprets attainments during and at the end of the program. It's concerned with main effects, side effects, costs, superiority. Product evaluation involves establishing criteria, taking measurements, comparing measurement results with absolute or relative standards and making rational interpretations of the outcomes using context, input, and process information.

Sources for further information on the CIPP model:

1. Phi Delta Kappa National Study Committee on Evaluation *Educational Evaluation and Decision Making*. Itasca, Illinois: F. E. Peacock, Publishers, Inc., 1971
2. Stufflebeam, Daniel L. "Evaluation as Enlightenment for Decision Making." Address at working conference on assessment theory, the Commission of Assessment of Educational Outcomes, the Association for Supervision and Curriculum Development, Sarasota, Florida, January 1968.
3. Stufflebeam, Daniel L. "The Relevance of the CIPP Evaluation Model for Educational Accountability." *Journal of Research and Development in Education* V (February, 1971, 19-25.

2.2 Participant reaction approach. This evaluation process can be used to address the following program concerns:

- (a) selecting content and focus
- (b) identifying what participants see as appropriate program activities
- (c) identifying whether you are reaching the right clientele
- (d) getting other people's ideas on how your program can be improved.

A management concern can also be addressed by this procedure:

- (a) getting the most out of limited resources

An evaluation concern can be addressed by this procedure:

- (a) involving lay-people in evaluation

Almost every programmer has his own approach to examining participant reactions. There are two general approaches to getting reactions. In the first and most commonly used approach, the programmer specifies what he wants information about.

When the programmer decides what will be reacted to, he usually concentrates on one or more of the following:

1. Content: newness, clarity, relevance, and importance.
2. Format: timing, adequate involvement, interest holding, ease of learning, understanding what's expected, and suitability of techniques and approaches used.
3. Facilities: location of meeting, room arrangement (see, hear) and auxiliary resources (meals).
4. Teacher's performance: style of teaching, organization, ability to relate well to participants, hindering mannerisms, ability to communicate, skill in involving others.
5. Perception of value: what was learned, what will be used, how important or useful, were objectives met, were expectations met, did it satisfy the needs, and were underlying assumptions found?
6. Follow-up and suggestions for future program: what more is needed on this subject, and what other programs are needed?
7. Variation in reactions according to selected characteristics: experience, position, age, education level, first-timers.

In the second approach to getting reactions, the programmer uses an open-ended approach and gets the participant to comment on what the participant sees as most important in terms of how he reacts to a program.

When participants are left to react to programs without any structured guidance, they will respond either in terms of what bothered them or in terms of what they think they should say. It's useful sometimes to ask participants to describe their perception of a good program and then rate the existing program according to those characteristics. Often, the major points that concern them are:

1. the value, practicality, and the use of what they get from programs;
2. how participation makes them feel (motivated to do something, happy and worthwhile); and
3. extent to which their interest is held.

Details in terms of content, performance, are important only to the extent that they effect how the child enjoys participating, and his feeling of getting something worthwhile from that participation.

Sources for further information on the participant reaction model:

1. Steele, Sara M. "Exploring Participants Views of Programs." Material prepared for students in a course on Evaluation in Extension, University of Wisconsin-Madison, Spring, 1972.
2. Steele, Sara M. "Determining the Quality, Importance and Suitability of Programs." Madison, Wisconsin: University of Wisconsin, Department of Agricultural and Extension Education, 1970.
3. Kropp, Russell P., and Coolie, Verner. "An Attitude-Scale Technique for Evaluating Meetings." *Adult Education* VII (Summer, 1957), 212-15.
4. Knowles, Malcom S. *The Modern Practice of Adult Education*. New York: Association Press, 1970, pp. 231-33.
5. Axford, Roger N. *Adult Education: The Open Door*. Scranton, Pennsylvania: International Textbook Company, 1969, pp. 195-204.

2.3 Different objective types.

This approach can be used to address the following program concerns:

- (a) determining the kind of results you're aiming for as you design the program
- (b) developing objectives
- (c) determining the right level of objectives
- (d) preparing teaching plans

Management concerns able to be addressed by this procedure:

- (a) developing long-range goals and mission
- (b) managing the teaching-learning transaction

In addition to objectives dealing with learner behaviors, additional kinds of objectives can include: results objectives, teacher objectives, and administrative or program maintenance objectives.

- (a) Results objectives. May be of several types, including learner-centered objectives and society-centered objectives.
- (b) Teacher objectives. State what the teacher is going to do, such as helping the student distinguish between two methods of work.

- (c) Administrative or Program Maintenance Objectives: These are institutional in nature, and are concerned with program maintenance or instrumental objectives that focus on the mechanism that provides the program.

Sources for further information on the different objective types model:

1. Steele, Sara M. and Brack, Robert E. "Evaluating the Attainment of objectives: Process, Problems, and Prospects." (Manuscript in process).
2. Uhl, Norman P. *Identifying Institutional Goals*. Durham, North Carolina: National Laboratory for Higher Education, 1971.
3. Peterson, Richard E. *The Crisis of Purpose: Definition and Uses of Institutional Goals*. Princeton, New Jersey: Educational Testing Service, 1971.

3. Evaluation procedures for dealing with the management concerns of the GMC/CSIU programs are suggested.

3.1 Transactional Evaluation.

This procedure can be used in the evaluation of the following program concern:

- (a) working effectively with others in the program.

It can also be used in the evaluation of several management concerns:

- (a) improving teamwork within your unit
- (b) developing an organization and climate that will improve programming
- (c) getting new ideas adopted by the staff
- (d) cooperating with content experts.

This procedure can be used to evaluate the following evaluation concerns:

- (a) improving staff attitudes toward evaluation
- (b) getting evaluation findings used

Transactional evaluation considers the beliefs and feelings of people as they react to suggested changes. It looks at the effects of changed programs on the changers themselves. Its focus is on evaluating program acceptance. It contributes to program improvement to the extent that it facilitates needed changes.

Attention is given to examining:

1. Unanticipated as well as expected consequences.
2. Effect on the total organization and not just those directly involved.
3. Dislocation due to competition for resources (including student time and attention) and shifts in roles and expectations.

This examination is seen as a continuous process in which the effect of the program are examining by both supporters and critics.

Transactional evaluation differs from traditional summative and formative evaluations in that:

1. The target of evaluation is different. The subject of the evaluation is the system, not the client or the services rendered.
2. The variables relate to the social, psychological, and communications aspects of the system more than to manifest objectives.

3. Information would be continuously fed back into the system.
4. The evaluator would be more a part of the operating system.
5. Conventional considerations of reliability, validity, and objectivity would be less important than timeliness, relevance, and observable effects of the generation of evaluation information.
6. The aim wouldn't be that of production of new knowledge or the attribution of causality, but would be that of transforming the conflict energy associated with change into productive activity, and the clarification of the roles of all persons involved in changes in the program.

Sources for further information on the transactional evaluation model:

1. Rippey, Robert M. "Can Evaluation Be Integral to Innovation?" In *Curriculum Evaluation: Potentiality and Reality*, Joel Weiss, ed. Curriculum Theory Network Monograph Supplement. Ontario, Canada: Ontario Institute for Studies in Education, 1972, pp. 45-58.
2. Rippey, Robert M. "Introduction: What is Transactional Evaluation?" Paper presented at the meeting of the American Educational Research Association in Chicago, 1972.

3.2. Organizational evaluation.

This process can be used to address the following program concerns:

- (a) developing a pilot project
- (b) examining factors affecting participation and learning

It can also be used to address several management concerns:

- (a) guiding a program that involves several staff members with roles dependent on prior work by others
- (b) improving teamwork within your unit
- (c) developing an organization and climate that will improve programming
- (d) identifying and weighing groups and the pressures that must be considered in programming
- (e) organizing support resources effectively
- (f) increasing the contribution of volunteers
- (g) working with an advisory committee.

When applied in evaluation, the starting point isn't the mission and goal of the organization, but a working model of a social unit that's capable of achieving a goal. It's a model of a multi-functional unit that includes both the functions essential to the system.

It deals with such questions as how close does the organizational allocations of resources approach an optimum distribution under

these conditions and with this mission? Either a lack or an overabundance of resources in relation to given thrusts may be dysfunctional.

It also concerns itself with feedback mechanisms.

Sources for further information on the organizational model:

1. Etzioni, Amitai. "Two Approaches to Organizational Analysis: A Critique and a Suggestion." In *Program Evaluation in the Health Fields*, Herbert C. Schulberg, Alan Sheldon, and Frank Baker, eds. New York: Behavioral Publications, Inc., 1969, pp. 101-20.
 2. Schulberg, Herbert C., and Baker, Frank. "Program Evaluation Models and the Implementation of Research Findings." In *Program Evaluation in the Health Fields*, Herbert C. Schulberg, Alan Sheldon, and Frank Baker, eds. New York: Behavioral Publications, Inc., 1969, pp. 562-72.
4. Evaluation procedures for dealing only with evaluation concerns of the GMC/CSIU program are suggested.

4.1 Appraisal model

This procedure can be used in the evaluation of the following program concerns:

- (a) making sure that all of the elements of the program are appropriate
- (b) getting other people's idea on how your program can be improved.

It can also be used to address management concerns:

- (a) analyzing weaknesses and problems in the operation of the unit
- (b) working with an advisory committee

This procedure's greatest strength lies in its utility with evaluation concerns:

- (a) developing criteria for judging the program
- (b) forming judgements about programs
- (c) organizing a comprehensive program review
- (d) preparing for a comprehensive review
- (e) determining what parts of the programs to include in your evaluation
- (f) setting performance standards

This approach emphasizes *professional judgement*. Judgements are made by an expert, team of experts, or team of program peers--from within the system--who examine the program and form conclusions and recommendations. *Criteria* guides are used in examining the program. Particularly useful when immediate feedback and interpretation are needed and where interaction with program personnel facilitates the use of evaluation. Identify the purpose of the appraisal and the purpose of the program that's being appraised. *Since appraisal is an act of*

judgement in which the judging implies both a criterion--a standard of some sort--and a pertinent description of what's being done, the criterion and the observation must deal with the same thing.

Appraisal involves the following activities:

1. Specifying the purpose of the appraisal.
2. Determining who will serve as the appraisers.
3. Establishing the purpose of the program.
4. Selecting or developing a set of criteria.
5. Identifying the aspect or aspects that will be evaluated.
6. Recognizing and understanding the implications of the assumptions that are being made when program aspects and criteria are chosen.
7. Amplifying the criteria so that they become a detailed statement of the kinds of observations that need to be made.
8. Developing a plan of action for making the observations (getting data a variety of ways).
9. Developing, modifying, selecting, and using techniques of observation.
10. Determining number of observations and procedures for increasing validity, reliability, and objectivity.
11. Recording, interpreting, and summarizing the observations.
12. Establishing bases to which the observations can be related (that is, selecting norms and standards as a base for interpretation).
13. Making the conclusions of the appraisal known.

Success of appraisal rests partly on answering the following criteria questions: What criteria? How defined? How applied? How limited? This model culminates in judgements and conclusions of people instead of, or in addition to, systematically produced data.

It's also important to understand the *assumptions* involved in the evaluation. There are usually at least two kinds:

1. Assumption of the purpose of education.
2. Assumption of correlation or relation.

The other key element is *observation*. Observations include both describing and interpreting what's observed.

The aspects of a program that are subject to appraisal fall into four categories:

1. Plans and purposes--organizational, administrative, and instructional objectives and plans.
2. Resources--material resources (such things as furnishings, and AV equipment) and personnel.
3. Processes--administrative, supervisory, and instructional.
4. Effects--results in terms of students, staff, and community.

Although appraisal is often thought of as primarily perception and interaction in on-site visits, it can also include review and interpretation of data about a program. The appraisal method is sometimes

criticized for its lack of use of objective data. However, this may be more a fault of how it is operationalized rather than with appraisal itself. Data can be built into appraisal systems.

Sources for further information on the appraisal model:

Herzog, Elizabeth. *Some Guidelines for Evaluative Research*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, Social Security Administration, 1959. (Particularly good section on criteria.)

Checklists for Public School Adult Education Programs. Circular No. 356. Washington, D.C.: U.S. Office of Education, Federal Security Agency, n.d.

Honnold, Robert E. et.al. "Comprehensive Reviews." Materials prepared by a Program and Staff Development Task Force, Extension Service-USDA, 1972.

July 10, 1974

SAGE GUIDELINES ON CONFIDENTIALITY

Collection of Data1.0 Individual Consent

- 1.0.1 Individual consent is needed for personality testing and assessment and before there can be a compiling of information other than that needed for educational purposes as (religious beliefs, income and occupation of parents, etc.)
- 1.0.2 Consent must be obtained directly from the child/ or his parent-guardian in writing. See Sample Form B.

2.0 Representational Consent

- 2.0.1 Representational consent will be sufficient for situations involving aptitude and achievement testing, and reporting skill and knowledge outcome.
- 2.0.2 Consent may be obtained from a body of elected representatives as a legislature or school board.
- 2.0.3 Students and parents should be informed in advance of the purpose of this data collection. See Sample Form A.

3.0 Data collected under conditions of anonymity

- 3.0.1 There should be timely notification to students and parents that their participation in the collecting of the data is entirely voluntary. Individual consent must be obtained.
- 3.0.2 Reviewing of instruments and procedures will be conducted to determine if the methods and/or inquiries constitute a potential invasion of privacy.

Classification and Maintenance of Data4.0 Category "A" Data

- 4.0.1 This category is the official administrative records that consist of the minimum personal data necessary for operation of the educational system.
- 4.0.2 This identifying data includes the names and addresses of the parent or guardian, birth date, academic work completed, level of achievement (grades, achievement test scores, attendance data.)
- 4.0.3 The student or parent may challenge the validity of the information in this category.

5.0 Category "B" Data

- 5.0.1 This category includes scores on intelligence and aptitude tests, interest inventory results, health data, family background information, teacher or counselor ratings and observations, and verified reports of serious and/or recurrent behavior patterns.
- 5.0.2 The school must ensure the accuracy of this category and consider the elimination of unnecessary data at periodic intervals as (from elementary to junior high school, from junior high to high school.
- 5.0.3 These records should be destroyed when the student leaves school.
- 5.0.4 Parents should be informed of the contents in these files.

Classification and Maintenance of Data continued

6.0 Category "C" Data

- 6.0.1 This category includes personality test results, unevaluated reports of teachers, counselors or others which may be needed in ongoing investigations and disciplinary or counseling action.
- 6.0.2 This data should be reviewed once a year and destroyed as soon as usefulness is ended.

7.0 Confidential and personal files of Professionals in schools

- 7.0.1 Any or all data should be guarded by the rules given above subject to terms of contract between school and professional and between professional and individual parents and/or students.

Dissemination of information regarding pupils

- 8.0 Computerized data banks pose special problems of maintenance and security but the record-keeping should be in accordance with the following guidelines.
 - 8.0.1 The school may release the information in Categories A and B without consent of the student or parents to these parties:
 - To other school officials and teachers within the district who have a legitimate educational interest. However, they must complete a form indicating their specific educational interest. See Sample Form C.
 - To state superintendent and his officers as long as the intended use is consistent with the superintendents' statutory powers.
 - To officials of other primary or secondary school systems which the student intends to enroll, under the condition that the student's parents be notified. See Form D.
 - 8.0.2 The school may not divulge the information in the school records to any other parties other than those listed except:
 - with written consent from the student's parents. See Sample Form E.
 - in compliance with judicial orders or orders of administrative agencies. Parents and/or students must be notified.
 - 8.0.3 Under no conditions except with judicial order, or orders of administrative agencies should the school release information in Category C.
 - 8.0.4 Either a child, or his parents or guardian, or their legal representative may have access to official administrative records in Category A. Parents may have access to Category B data.
 - 8.0.5 Students may have access to Category B data with parental permission or if the student has reached the age of eighteen.
 - 8.0.6 The school may provide anonymous data from its records for outside research purposes without consent under conditions where the likelihood of identifying an individual is negligible.

ROUTINE INFORMATION LETTER TO BE SENT HOME AT THE
BEGINNING OF EACH SCHOOL YEAR OR AT TIME STUDENT
ENROLLS DURING YEAR

Dear Parent,

In accordance with the recommendations of the Superintendent of Schools and the Director of Measurement and Evaluation, the Board of Education has approved a city-wide testing program designed to provide information concerning the proficiency of all children in the district on standardized tests of academic achievement and aptitude.

The results of these tests provide a continuing record of each child's academic progress in comparison with national norms. They are also an invaluable aid to your child's teacher and counselor in diagnosing individual strengths and weaknesses in order to provide more effective individualized instruction. During the coming school year the following tests will be administered to your child as part of this program:

<u>Name of Test</u>	<u>Purpose</u>
Iowa Tests of Educational Development, Grade 10	Measurement of achievement in mathematics, English, basic science
Terman-McNemar Test of Mental Ability	Measurement of verbal and mathematical aptitude

Your child's scores on these tests will be checked carefully and maintained in the school record as long as your child attends school in this system. Should your child transfer to another school system, you will be notified of the transfer of his or her permanent record to the new school system. No individual or agency outside of the school system will be permitted to inspect your child's school record without your written permission.

Should you wish to examine your child's record file at any time you may arrange to do so by making an appointment with the principal's office. [In addition, a routine report and interpretation of your child's scores on the above-mentioned tests will be included as part of the second term grade report.]

Sincerely,

Superintendent of Schools

REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA

SPECIAL REQUEST FOR PERMISSION TO COLLECT PERSONAL INFORMATION

In order to provide your child with more effective guidance and counseling services, your permission is requested for the collection of the following kinds of personal information from your child.

Type of Information or Test	Description and Purpose	Permission Granted	Permission Denied
Minnesota Multiphasic Personality Inventory		☐	☐
Kuder Preference Record	Example	☐	☐
Wrenn Study Inventory		☐	☐
Family Background Information		☐	☐

Because of the sensitive nature of this information, all test scores and related information will be treated with complete confidentiality. Only parents and authorized school personnel will be permitted access to this information without parental consent.

Please check the appropriate box signifying your approval or disapproval of this request, sign the form in the space provided below, and return in the enclosed envelope.

Parent's signature

Date

RECORD OF INSPECTION OF PUPIL RECORDS

Date: _____

Records Examined: _____

(Name of pupil or pupils)

Records Examined By: _____

Purpose: _____

NOTIFICATION OF TRANSFER OF PERMANENT PUPIL RECORD
TO ANOTHER SCHOOL SYSTEM

Dear Parent,

You are hereby notified of the pending transfer of (name of pupil)'s permanent school record to (name of school district) in (location).

Should you wish to receive a copy of the record to be transferred please return the bottom portion of this form with your signature by (date).

Sincerely,

Principal

I wish to receive a copy of the school record of _____
(Please print name of pupil.)
who is my (son) (daughter) (legal ward).

Parent's signature _____ Date _____

Address to which transcript should be sent:

REQUEST FOR PERMISSION TO RELEASE PERMANENT
SCHOOL RECORD TO THIRD PARTY

Dear Parent,

We have received a request from

_____ (name of requesting individual, agency, etc.)
for a copy of (access to) (name of pupil)'s school record.

Please indicate in the space below whether you are willing for us to comply with this request.

(Name of requesting party) may have a copy of (access to) the following parts of (name of pupil)'s record:

- ☐ Official Administrative Record (name, address, birthdate, grade level completed, grades, class standing, attendance record)
- ☐ Standardized Achievement Test Scores
- ☐ Intelligence and Aptitude Test Scores
- ☐ Personality and Interest Test Scores
- ☐ Teacher and Counselor Observations and Ratings
- ☐ Record of Extracurricular Activities
- ☐ Family Background Data

APPENDIX I

CSIU Job Description

Position title: Educational Consultant Hospital Class (at Geisinger Medical Center, Danville)

Definition: This person is responsible for the continued education of children hospitalized for more than three consecutive days during a single admission. This could include any school age child, kindergarten through twelfth grade, students in regular or special education classes.

Organizational relationships: The person occupying this position reports directly to the Supervisor of Special Classes for the Danville area and with the Pediatric Clinical Social Worker and, where necessary, to the assigned unit head nurse.

Specific job activities and responsibilities:

Frequent (daily or weekly)

1. Act as liaison between the CSIU and Geisinger.
2. Contact the child and child's parents upon admission; explain teacher's function, hours of instruction, etc.
3. Request that child's textbooks be brought to hospital.
4. Request assignments from child's regular teacher.
5. Work on assigned lessons with child, within limits of child's physical and mental condition.
6. When problems or questions regarding patients or hospital policy are encountered, contact the pediatric clinical social worker.
7. Confer with the hospital social service worker on educational information releases; make sure a signed release is in all students' hospital files.
8. Check daily with nursing staff as to child's condition and ability to do school work.
9. Report anything unusual about a child to nursing staff.
10. Consult with attending physician when coordinating patient's program.
11. Send weekly, alphabetical list of students, addresses and school districts to CSIU supervisors.
12. Keep a record of time spent at hospital and a formal file of teaching time and dates for each student (on index cards with GMC stamp).

13. Observe hospital codes regarding personal attire and, especially, confidentiality.
14. Contact pediatric nursing staff, as well as the pediatric clinical social worker, in case of absence.

Occasional (monthly)

1. Contact school guidance counselors and teachers when situation warrants.
2. File pertinent data on long-term patients or those with special problems.
3. Consult with attending physician when nursing staff does not have authorization to begin educational work, or if child's condition warrants special attention.
4. Confer with CSIU supervisors and/or psychologists and/or social workers on problem children returning to the district.
5. Meet with student nurses to orient them to the educational program.
6. Further own education through attendance at relevant inservice programs, either CSIU- or hospital-sponsored.

Infrequent (semi-annually)

1. Conduct educational survey of child and chart observations and findings when requested by attending physician.
2. Revise job description as needed or requested.

CENTRAL SUSQUEHANNA INTERMEDIATE UNIT

P. O. BOX 213 — LEWISBURG, PENNA. 17837

717-524-4431

APPENDIX J

Name _____
Address _____
City, State _____

Dear _____:

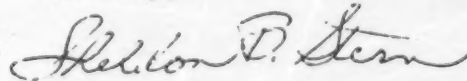
This letter is to inform you that _____, a student in your district, has been admitted to the Geisinger Medical Center and is participating in the Central Susquehanna Intermediate Unit/Geisinger Medical Center Educational Program. "It is the purpose of this program to continue without interruption state required educational programs for school age hospitalized children."

Upon the child's discharge from the hospital, the child's teacher will receive an Educational Descriptive Report relating affective and academic educational information which will be of value in terms of continuing his or her education.

In addition, you will receive a letter indicating that "The Pennsylvania Department of Education will charge back your district for instructional cost in an amount equal to your average daily rate for instruction. Any costs in excess of that amount will be assumed by the division of special education."

Please contact Sheldon B. Stern, Supervisor of Special Classes, for further information. He may be contacted at the CSIU, Post Office Box 213, Lewisburg, PA 17837 (717) 524-4431.

Sincerely,



Sheldon B. Stern
CSIU Special Class Supervisor

SBS/js

P.S. May I suggest that your school nurse or guidance personnel be apprised of the CSIU/GMC Educational Program to facilitate necessary communications between district personnel and CSIU and/or Geisinger Medical Center personnel in terms of facilitating the child's school texts to be sent to Mrs. Killebrew, our teacher on the pediatric ward, upon receipt of this letter. Your cooperation in this matter will be greatly appreciated. Thank you.